

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/530957

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/									51			
2		/								52			
3		/								53			
4		/								54			
5		/								55			
6		/								56			
7		/								57			
8		/								58			
9		/								59			
10		/								60			
11		/								61			
12		/								62			
13		/								63			
14		/								64			
15		/								65			
16		/								66			
17		/								67			
18		/								68			
19		/								69			
20		/								70			
21		/								71			
22		/								72			
23		/								73			
24		/								74			
25	/									75			
26		/								76			
27		/								77			
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29		/								79			
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31		/								81			
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33		/								83			
34		/								84			
35		/								85			
36		/								86			
37		/								87			
38		/								88			
39		/								89			
40		/								90			
41		/								91			
42		/								92			
43		/								93			
44		/								94			
45		/								95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.	2												
TOTAL DEP.	43												
TOTAL CLAIMS	45												